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Bib Data Sheet

|   |   |                               |   |   |
|---|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/598,324  | <b>FILING DATE</b><br>06/20/2000<br><b>RULE</b> -   | <b>CLASS</b><br>424           | <b>GROUP ART UNIT</b><br>1615<br>1616   | <b>ATTORNEY DOCKET NO.</b><br>200.94107CIP3 |
| <b>APPLICANTS</b><br>Benjamin Oshlack, New York, NY ;<br>Frank Pedi JR., Yorktown Heights, NY ;   |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CIP OF 09/005,864 01/12/1998 PAT 6,077,533<br>WHICH IS A CIP OF 08/760,724 12/05/1996 ABN<br>WHICH IS A CON OF 08/431,359 04/28/1995 ABN<br>WHICH IS A CIP OF 08/249,150 05/25/1994 PAT 5,411,745  |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 08/10/2000</b>  |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <u>Allowance</u><br>Examiner's Signature <u>WME</u> Initials |   | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>17                   |
| <b>INDEPENDENT CLAIMS</b><br>3  |   |                               |   |   |
| <b>ADDRESS</b><br>DAVIDSON, DAVIDSON& KAPPEL, LLC<br>15th Floor<br>1140 Avenue of the Americas<br>New York ,NY 10036  |   |                               |   |   |
| <b>TITLE</b><br>Powder-layered oral dosage forms  |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>840   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |



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CONFIRMATION NO. 8764

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|--|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/598,324   | <b>FILING DATE</b><br>06/20/2000<br><b>RULE</b>   | <b>CLASS</b><br>424           | <b>GROUP ART UNIT</b><br>1616   | <b>ATTORNEY DOCKET NO.</b><br>200.94107CIP3 |
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| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 09/005,864 01/12/1998 PAT 6,077,533<br>which is a CIP of 08/760,724 12/05/1996 ABN<br>which is a CON of 08/431,359 04/28/1995 ABN<br>which is a CIP of 08/249,150 05/25/1994 PAT 5,411,745   |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/10/2000</b>   |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>17                   |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>3              |
| <b>ADDRESS</b><br>DAVIDSON, DAVIDSON & KAPPEL, LLC<br>485 SEVENTH AVENUE, 14TH FLOOR<br>NEW YORK, NY 10018   |   |                               |   |   |
| <b>TITLE</b><br>Powder-layered oral dosage forms   |   |                               |   |   |
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